HOW TO BILL SUCCESSFULLY IN PROVIDERONE

MEDICAL PROVIDERS

- Copy of this presentation located at
http://hrsa.dshs.wa.gov/providerone/Webinars/BillingSuccessfully-Medicaltopost.ppt

- Links to resources located throughout the presentation

Learning Objectives

- After this webinar, you will understand:
  - Electronic vs. paper billing
  - How to bill using Direct Data Entry (DDE)
  - The importance of the new identifiers
    - Taxonomy
    - National Provider Identifier (NPI)
    - Client ID Number
  - Tips for successful billing
- There will be a demonstration of claims entry in ProviderOne

Washington State
Health Care Authority

Paper Billing

- The Agency uses a scanning process for processing paper claims and forms
  - Centralized paper intake process includes paper claims and *all other paper forms*
  - All paper must be manually scanned through the Department's new scanning system
  - Automated process requires that data is located in the correct fields for scanning
  - Higher failure rate due to unreadable and missing information
  - About 20,000 documents are received for processing each day
- Takes a long time (currently up to 45 days) to process a paper claim

Paper Billing

- Required identifiers
  - NPI
  - Taxonomy
  - ProviderOne Client ID
- Adjustment process
  - No blue adjustment form
- Forms
  - Cover sheets
  - PA request form (13-835)
- *ProviderOne Billing and Resource Guide*, page **90**
  http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

Paper Billing vs. Direct Data Entry

- While we all work on making the paper claims process more efficient (staff getting up-to-speed on the new scanner, new forms, incorrect or incomplete forms, duplicate claims, etc.), it would benefit you to give Direct Data Entry a try!

- DDE (keying claims on the web) gives providers immediate feedback

- Most claims get processed within 1 week instead of 45 days

- 60% of DDE claims coming in as clean claims and paying right now, compared to 10% paper

Paper Billing vs. Direct Data Entry

- Because of changes for the Agency and providers:
  - Taking up to 45 days to process a paper claim. If it denies and you submit another paper claim, that's another possible 45 days!

- Direct data entry (DDE) claims are currently processed much more quickly!
  - Clean claims (those including all the correct data elements), by the Department standards, can pay within 7 to 10 business days. They can process within 24 hours!

Paper Billing vs. Direct Data Entry

- Benefits of billing electronically directly in ProviderOne:
  - Processing same day on clean claims (claims that include all the correct data elements)
  - Payments are made on Mondays for claims/adjustments processed by 5 p.m. the previous Tuesday
  - You can make adjustments to paid claims, resurrect denied claims and resubmit – *even if the original claim was submitted on paper*

Required Information

- Whether you use DDE or paper, all claims submissions require new identifiers, and they must go into the correct field on your claim.
  - Taxonomy
  - ProviderOne Client ID Number
    - Along with Gender and Date of Birth
  - National Provider Identifier (NPI)
- For instructions on where to put these identifiers on the various paper claim forms, read Memo #10-22 at http://hrsa.dshs.wa.gov/Download/Memos/2010Memos/10-22.pdf

Taxonomy

- Why we need taxonomies
  - Old MMIS ID billing numbers told us what type and specialty you were. The new NPI does not.
- The national provider taxonomy codes identify a provider's type and area of specialization.
  - The Department adopted a subset of the national provider taxonomy codes that are applicable to the services we cover.
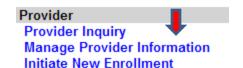- Taxonomies are required to process your claims in ProviderOne.

Taxonomy

- Taxonomy codes are 10 characters long and end in "X."

- Taxonomy identifies a provider's type and area of specialization.

- Providers can have more than one taxonomy code.

- The taxonomy code you use on your claim must be on your provider file.

Taxonomy

- Your taxonomy code is loaded in ProviderOne under your NPI in your provider file. To find this code:
  - Log into ProviderOne: https://www.waproviderone.org
  - Any number of security profiles will allow "view-only" access of the provider file
  - At your provider portal (home page):
    - Scroll down to "Provider"
    - Click on "Manage Provider Information"

Taxonomy

- On your Business Process Wizard screen, click on Step 3: Specializations

    - You should now be at the screen labeled "Specialty/Subspecialty List" (which is your taxonomy code list)

- For help adding a taxonomy at the Business Process Wizard for a group, visit http://hrsa.dshs.wa.gov/provider/provideronemanuals.shtml and download the Managing Group Provider Information manual.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Taxonomy

- The taxonomy code is broken into separate segments

Provider Type ▲ ▼	Specialty/Subspecialty ▲ ▽	Administration ▲ ▼	Start Date ▲ ▼	End Date ▲ ▼	Operational Status ▲ ▼
20-Allopathic & Osteopathic Physicians	8D-General Practice/00000-General Practice	HRSA	01/25/2010	12/31/2999	Active

- The first column describes the provider type: 20
- The second column describes the specialty and subspecialty of the provider type: 8D00000
- ProviderOne does not display the "X" character at the end of your taxonomy, but it is reserved for future use
- The other columns contain information dealing with the taxonomy code status
- The taxonomy code in this example is: 208D00000X

Taxonomy

- Can't find the taxonomy code you want to use?
  - There are a number of taxonomy codes available in ProviderOne for you to add to your provider NPI file
    - Services must be covered by your licensure
    - In certain instances, your group/facility must be approved to provide the service
  - Only the staff person with the "Provider File Maintenance or Super User" profile can actually update your NPI file
  - The Department has final approval rights after submission of your request

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Taxonomies

- **Here are a few "typical" medical taxonomies, just as examples:**

Provider Type	ProviderOne Taxonomy
DME Supplier	332B00000X
Physical Therapist	225100000X
Anesthesiologist	207L00000X

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Taxonomy

- For more information on taxonomy:
  - *Using Taxonomy in ProviderOne* Fact Sheet at http://hrsa.dshs.wa.gov/providerone/Providers/Fact%20Sheets/P1PR009%20taxonomy.pdf
  - Recorded Webinar: Billing Using Taxonomies on Claims at http://hrsa.dshs.wa.gov/providerone/Provider%20Training.htm#System_Training_Resources_and_Opportunities

ProviderOne Client ID Number

- New ProviderOne Client ID numbers replace the old PICs (Personal ID Codes)

- The number – which ends in "WA" – is printed on the front of the client's Services Card

- It can be retrieved through a client benefit inquiry in ProviderOne using a combination of name, date of birth and Social Security Number

- If you know the client's PIC from the old billing system, we have a web-based tool that you can use to look up a one-to-one match: https://fortress.wa.gov/dshs/npicaphrsa

National Provider Identifier (NPI)

- Must be correct on your ProviderOne provider file

- Use your group NPI in the appropriate location and your rendering NPI in the appropriate location

- If you are a sole proprietor, you will use one NPI

Tips if you MUST submit paper...

- Include the new identifiers
- Include the client's date of birth and gender
- Center information in the field boxes
- Total the billed amount on each claim form
- Do not highlight information
- Do not use stamps or stickers
- Do not include "extra" comments, such as "EOB ATTACHED," "REBILL" or "SECOND SUBMISSION"
- Do not submit hand-written claim forms
- Use a standard claim form
- Box location for taxonomy – Memo #10-22 http://hrsa.dshs.wa.gov/Download/Memos/2010Memos/10-22.pdf

General Billing Tips

- Use the usual and customary fees
- If you are a group practice, you must:
  - Bill with your group NPI as the Billing Provider
  - Include the NPI of the Attending Provider
  - Bill with Billing and Attending Provider Taxonomy codes (they may be the same)
- Units on your claim form:
  - Each service is counted as one (1) unit
  - The number of minutes you spent with the patient are not counted as units
- Total each claim form

Demonstration of Claim Entry

- Submitting a claim (Direct Data Entry)
- Resurrecting and resubmitting a denied claim
- Attaching electronic documentation
- Adjustment
    - No more blue adjustment form
- Please review the following webinars at:
- http://hrsa.dshs.wa.gov/provider/webinar.shtml#provider
    - Dental DDE Claims Submission Webinar
    - Institutional DDE Claims Submission Webinar
    - Professional DDE Claims Submission Webinar

Resources/Ending the Webinar

- To close the webinar, click the X button in the control panel.

Resources

- The ProviderOne Help Desk is available through August 6th – they can help walk you through submitting a DDE claim

  - 1-800-562-3022, ext. 19583

- *ProviderOne Billing and Resource Guide*, page 75: http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

- Webinars

  http://hrsa.dshs.wa.gov/provider/webinar.shtml#provider